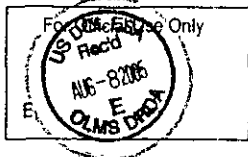


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>25269</b>	2. Fiscal Year Covered From: <b>01 / 01 / 04</b> Through: <b>12 / 31 / 04</b>
3. Name and address of person filing. Name <b>Neil G. Kilbane Jr.</b>  P.O. Box, Bldg., Room No., if any  Street <b>17619 Bradgate</b>  City <b>Cleveland</b>  State <b>Ohio</b> ZIP Code + 4 <b>44111</b>	4. Name, file number, and address of labor organization. Name  Labor Organization File Number <b>011-734</b>  P.O. Box, Building and Room Number, if any  Street  City  State ZIP Code + 4
5. Position in labor organization. <b>None-Trustee in Trust Fund</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <b>N/A</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. <b>N/A</b>  7. b. Amount. <b>N/A</b>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u><b>Neil Kilbane</b></u>	On <u><b>7-26-05</b></u> Date <u><b>216-941-7477</b></u> Telephone Number

Name of Person Filing <u>Niel G. Kilbane</u>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Plumbers Local No. 55 S.U.B.Fund</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>980 Keynote Circle</u></p> <p>City <u>Brooklyn Hts.</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>44131-1801</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Plumbers Local No. 55 S.U.B. Fund</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>980 Keynote Circle</u></p> <p>City <u>Brooklyn Hts.</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>44131-1801</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Multiemployer Taft Hartley trust fund providing supplemental unemployment benefits to members of a labor organization</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>unknown</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>Reimbursed expenses and lost wages</u></p>
	<p>12.b. Amount. <u>\$696.48</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>N/A</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p><u>N/A</u></p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>PLUMBERS UNION LOCAL NO. 55 SUPPLEMENTAL UNEMPLOYMENT FUND 980 KEYNOTE CIRCLE BROOKLYN HEIGHTS, OHIO 44131</b>		1 Rents \$	OMB No. 1545-0115  <b>2004</b>	Miscellaneous Income
		2 Royalties \$	Form 1099-MISC	
		3 Other income \$	4 Federal income tax withheld \$ <b>0.00</b>	
PAYER'S Federal identification number <b>34-1269418</b>	RECIPIENT'S identification number <b>289-76-1225</b>	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy A For Internal Revenue Service Center  File with Form 1096.
RECIPIENT'S name  <b>NEIL G. KILBANE JR</b>		7 Nonemployee compensation \$ <b>696.48</b>	8 Substitute payments in lieu of dividends or interest \$	
Street address (including apt. no.)  <b>17619 BRADGATE</b>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code <b>CLEVELAND, OHIO 44111</b>		11	12	
Account number (optional)	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15		16 State tax withheld \$ <b>0.00</b>	17 State/Payer's state no. <b>51-614664-4</b>	18 State income \$

Form 1099-MISC

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page